



## Beneficiary Appointment

You should complete this form to appoint a beneficiary, or beneficiaries, to receive the amount payable on death. Using this form may not be an effective solution if your objective is to reduce the inheritance tax /estate duties payable by your estate following your death. You should obtain legal advice before completing this form.

Policy Number(s)

SES Assured 1: Full Name

SES Assured 2: Full Name

Policy holder 1: Full Name

Policy holder 2: Full Name

**The undersigned hereby revokes any beneficiary designation or direction of payment previously made. This applies in respect to the proceeds payable on the death of the Life Assured under the above policy/ies. Instead, the undersigned directs that such proceeds be paid to the person(s) listed below.**

### Beneficiary Appointment

Subject to any future revocation or appointment of beneficiaries, I/we\* hereby appoint the following person/persons\* as beneficiary in the share/shares\* indicated below. \*Delete as applicable

This appointment does not apply to any payment of benefits made under the terms of the Terminal Illness Benefit.

### Beneficiaries

If you are nominating each other as primary beneficiary, the percentage share must be 100% each

### Share of Benefit

Please ensure total =100%

Full Name

Date of Birth

Relationship to Life Assured

Address  
(including street name,  
town, area code and  
country)

Full Name

Date of Birth

Relationship to Life Assured

Address  
(including street name,  
town, area code and  
country)

**Certified identification and verification of residential address will be required for each beneficiary at the time of a claim.**

Full Name

Date of Birth

Relationship to Life Assured

Address  
*(including street name,  
town, area code and  
country)*

Full Name

Date of Birth

Relationship to Life Assured

Address  
*(including street name,  
town, area code and  
country)*

**Certified identification and verification of residential address will be required for each beneficiary at the time of a claim.**

**If at the time of any payment, you are unable to contact a beneficiary, you should make enquiries with the following person/ persons\* for the purposes of locating the beneficiary.**

*If no contact name is provided, this will not affect the validity of this appointment. Names and details of other contact persons can be provided on separate sheets, which you should sign and date.*

Full Name

Address

*(including street name,  
town, area code and  
country)*

Telephone

I/We\* confirm that I/we\* have taken legal advice before signing this beneficiary appointment instruction.

I/We\* have elected not to take legal advice before signing this beneficiary appointment instruction.

I/We\* understand that this beneficiary appointment shall be revoked by any surrender assignment or disposal of the Policy, and by my death/the death of the survivor of us\*, if at my death/the death of the survivor of us\* I am/we are\* survived by other persons named as Life Assured on the schedule to the Policy.

This instruction shall form part of the Policy and any appointments made, are made in accordance with the relevant provision of the Policy Terms and Conditions.

**SES Assured 1**

Signature

Date

**Policyholder 1**

Signature

Date

Accepted by Unilife Limited on

Date DD/MM/YY

**SES Assured 2**

Signature

Date

**Policyholder 2**

Signature

Date

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If you require any further details, please ask your financial adviser.

Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address:  
administration@unihealthandlife.com